

2014 Form 211-65

APPLICATION FOR REFUNDFOR PERSONS 65 YEARS OR OVER

OFFICE USE ONLY VCH#	
ACCT#	
 INITIALS	DATE

If your refund claim is for wages earned outside Fayette County or unreimbursed expenses, you must use Form 211-22.

APPLICANT'S SOCIAL SECURITY NO.				
NAME	EMPLOYED BY	EMPLOYED BY		
ADDRESS				
DAYTIME TELEPHONE NO. ()				
DATE OF BIRTH				
MONTH/DAY/YEAR				
			FOR OFFICE USE ONLY	
TOTAL 2014 GROSS COMPENSATION, BEFORE DEDUCTIONS Attach all W-2 (s), reporting all wages and local li LICENSE FEE WITHHELD FOR THE URBAN C ENTER \$68 OR AMOUNT OF WITHHOLDING-	icense fee withholding			
	* PR		GIN AFTER MARCH 15, 2015 * allow 6-8 weeks for processing.	
I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN THE BEST OF MY KNOWLEDGE. RETURN RES SECTION		ULES ARE TRUE, CO	PRRECT AND COMPLETE TO	
SIGNATURE OF INDIVIDUAL PREPARING RETURN	SIGNATURE OF	- APPLICANT	DATE	
2014 R	EFUND INSTRUCTIONS			
Line 1: Enter the "Total Gross Compensation", the ambonuses, severance and/or termination pay, de:	•			

- Line 1: Enter the "Total Gross Compensation", the amount before any deductions, for 2014. This includes income from salaries, wages, bonuses, severance and/or termination pay, deferred compensations and/or pension plans, cafeteria plans, etc. and amounts received for approved leave including, but not limited to, vacation, sick or holiday pay. This is generally found in box 18 of the W-2 form.
- Line 2: Enter the actual amount of license fee withheld from your compensation for the year. **DO NOT** include amounts that were withheld for the Fayette County Public Schools.
- Line 3: Enter \$68 or amount of withholding from Line 2 whichever is less. This is the amount of your refund.

Mail return to: Lexington-Fayette Urban
County Government
Division of Revenue
P.O. Box 14058
Lexington KY 40512